

	Montana Mental Health Nursing Care Center Policy Manual	Policy Number	1118
		Original Date	05/16/1983
		Revised Date	07/09/2015
	Department: Social Services Resident Admissions and Orientation		

POLICY:

All new residents shall be oriented to the Montana Mental Health Nursing Care Center and relevant personal information obtained and recorded.

Upon admission, residents will be informed of services and regulations.

PROCEDURE:

1. The Social Worker will inform all departments in writing, of the admission date and time.
2. The Medical Records Administrator will prepare the Medical Record with copies of relevant information prior to admission.
3. The Social Worker will review the Resident Rights Form with the resident and/or guardian/DPOA within three (3) days of admission and have them sign the Resident Rights Forms.
4. The Social Worker will provide the family member and/or guardian/DPOA with a copy of the following forms for signature and information.
 - A. Funeral Plan Questionnaire, Attachment #1
 - B. Advance Medical Directives/POLST (Reference Policy #1115)
 - C. Facility Rules (Reference Policy #1103)
 - D. Family Information Form, Attachment #2
 - E. Residents Rights Form, if resident is unable to understand (Reference Policy #1103)

- F. Financial Permission Form, (Reference Policy #1107)
- H. Abuse Education Letter, Attachment #4

RECREATION SERVICES

1. Recreation will orient the resident to the following:
 - A. Inform new resident of Recreation activities/services.
 - B. Introduce new resident to residents/staff and escort to activities as needed.
 - C. The Recreation Supervisor will complete Recreation assessment with new resident within fourteen (14) working days and place the form in the Medical Record.
 - D. A Welcome Poster will be placed on the resident's door the day of admission by the Recreation Aide assigned to the New Admissions Wing.

MEDICAL RECORDS

1. List the name of the resident and bed number on the slot outside of the room.
2. Take pictures of resident upon admission for the following areas/files and give to the Medical Records Administrator:
 1. Wall outside room, if the resident agrees
 2. Care Plan
 3. Medical Record
 4. Medication Administration Record
3. Will send Authorization for Consent to Treatment, and HIPAA forms for guardian/DPOA to sign: Attachment's #5, 6, 7, 8, 9, & 10